

**FOR OFFICIAL USE ONLY**

**Coroner / Medical Examiner  
FATALITY MANAGEMENT  
INITIAL INCIDENT ASSESSMENT FORM**

County \_\_\_\_\_

**GENERAL INFORMATION**

Location of Incident: \_\_\_\_\_

Major Routes Leading To/From Incident Location: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Coroner / ME Contact Info (or authorized designee)

Name: \_\_\_\_\_ Contact Phone(s): \_\_\_\_\_

**TYPE OF MASS FATALITY INCIDENT**

- Transportation:  Air \_\_\_\_\_  Ground \_\_\_\_\_  Marine \_\_\_\_\_
- Tornado  Flood  Earthquake  Extreme Heat  Extreme Cold
- Shooting  Stabbing  Suspected/Confirmed Terrorist Event
- Chemical  Biological  Radiological  Nuclear  Explosion
- Fire  Collapse  Disease Outbreak

**TYPE/CONDITION OF SCENE**

Location:  Rural  Urban  Residential  Industrial  Business  School

Type/Condition of Scene:

- One Large Scene  One Small Scene  Multiple Large Scenes  Multiple Small Scenes
- Hills  Wood Area  Flat/Level Terrain  Urban/Metropolitan Area  on Land  in Water

Weather/Forecast: Temperature \_\_\_\_\_ Precipitation \_\_\_\_\_ Humidity \_\_\_\_\_

Rain  Snow  Ice  Severe Weather Forecasted

**FATALITY ESTIMATE**

Number of Fatalities: \_\_\_\_\_  Estimated  Actual

Type: Adult \_\_\_\_\_ Children/Infants \_\_\_\_\_

**CONDITION OF FATALITIES**

Complete/Whole  Fragmented/Crushed  Burned/Incinerated  Contaminated

Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Local Resources Exceeded:  Yes  No

**ASSISTANCE NEEDED**

Local Mutual Aid  Resource Request Attached

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Completed by: \_\_\_\_\_ Date Completed: \_\_\_\_\_ Time Completed: \_\_\_\_\_

Send Completed Form to:  County EMA  Local Health Department  State EOC

# INSTRUCTIONS

## **GENERAL INFORMATION**

Fill in the appropriate information on the lines provided. Make sure the information is as accurate as possible.

### **Coroner / ME Contact Info:**

**Name:** Coroner / Medical Examiner / authorized designee

**Contact Phone(s):** Provide a number where the contact person can be reached (avoid using office numbers – provide numbers so if there is a question that individual can be contacted).

## **TYPE OF MASS FATALITY INCIDENT**

Check the box(es) that apply.

**Transportation:** If checking a box for Air, Ground, or Marine – fill in the type on the line provided.

**\*\*Example\*\*** If the incident is a train derailment, check the box for “Ground” and on the line provided write “rail or train”.

## **TYPE/CONDITION OF SCENE**

Check all boxes that apply.

**Location:** Check the box that best describes area of the incident.

**Type/Condition of Scene:** Determine type/size of scene and check the box  
Determine what type of area the incident is in and check the box.

**Weather/Forecast:** Record the temperature, precipitation, and humidity on the lines provided. Check the appropriate box(es) for weather conditions.

## **FATALITY ESTIMATE**

Record the number of Fatalities on the line provided and check the box for actual or estimated.

**Type:** Provide a number of Adults and Children/Infants

## **CONDITION OF FATALITIES**

Check the box(es) that apply and provide a short description if necessary.

**Local Resources Exceeded:** Check the box that applies.

## **ASSISTANCE NEEDED**

If additional assistance or resources are being requested, check the appropriate box(es).

Upon checking the Resource Request box, fill out and attach the Resource Request Form.

**Completed by:** Name of individual that completed this form along with **Date Completed** and **Time Completed**.

**Send Completed Form to:** Check box(es) of the following organizations that should receive this completed form.